

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9236
2719
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown (Specify whether)
In this community Unknown
years, months or days

3. (a) PRINT FULL NAME Charlotte Jane Haggerty

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased April 11, 1859 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Galena, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name John Dake 5
18. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Unknown 4
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna G Simmonds

(b) Address 2508 Glasgow Ave

17. (a) Burial (b) Date thereof 3/24/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colorado Springs Colo

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 20 (If outside city or town limit, write "RURAL")
(d) Street No. 2508 Glasgow (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1940 hour 2:30 AM minute M.

21. I hereby certify that I attended the deceased from 3-5-40
18 to 3-21-40 19
that I last saw him alive on 3-20-40 19
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of uterus 3 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Walter H. Goehman M.D.

Address 1506 8th Street Date signed 3-22-40

